

SERFF Tracking Number: FDLT-128242465 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
Company Tracking Number: R-02994
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.001 Accident & Sickness
Product Name: Excess Loss Reimbursement
Project Name/Number: Excess Loss Reimbursement Rider/R-02994/R-02994

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Excess Loss Reimbursement SERFF Tr Num: FDLT-128242465 State: Arkansas

TOI: H12 Health - Excess/Stop Loss SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: H12.001 Accident & Sickness Co Tr Num: R-02994 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Disposition Date: 04/10/2012

Authors: Jennifer Glaser, Kelly

Humiston, Teresa Saling, Kirsten

Farmer, Danielle Menzel

Date Submitted: 04/10/2012 Disposition Status: Approved-

Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Excess Loss Reimbursement Rider/R-02994

Project Number: R-02994

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to
Missouri on 04/10/2012.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 04/10/2012

State Status Changed: 04/10/2012

Deemer Date:

Created By: Danielle Menzel

Submitted By: Danielle Menzel

Corresponding Filing Tracking Number:

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Excess Loss Reimbursement Coverage

R-02994 Adverse Benefit Determination Benefit Rider

We respectfully submit the above referenced form for your review and approval. This form is new and does not replace

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any form previously filed or approved by your state.

The Rider extends the Paid Date of the Excess Loss Contract if the Covered Person files for an independent review of a claim that received an adverse benefit determination under the Employer's Plan during the Incurred/Paid period of the Excess Loss Contract, and that the adverse benefit determination has been reversed by the independent review organization.

This Rider will be used with Excess Loss Reimbursement Policies 26001SA et. al. approved by your state on 02/11/1993 and M-8003 approved by your state on 1/12/2006.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have any questions or require additional information, please feel free to telephone me at (800) 648-8624, extension 1276, or Email me at tsaling@fslins.com.

State Narrative:

Company and Contact

Filing Contact Information

Teresa Saling, Contract Analyst
3130 Broadway
Kansas City, MO 64111-2406
tsaling@fslins.com
800-648-8624 [Phone] 1276 [Ext]
816-751-6026 [FAX]

Filing Company Information

Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, MO 64111-2406
(800) 648-8624 ext. [Phone]
CoCode: 71870
Group Code: 451
Group Name:
FEIN Number: 43-0949844
State of Domicile: Missouri
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: *FDLT-128242465* *State:* *Arkansas*
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	04/10/2012	57864261

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/10/2012	04/10/2012

SERFF Tracking Number: *FDLT-128242465* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:*
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Product Name: *Excess Loss Reimbursement*
Project Name/Number: *Excess Loss Reimbursement Rider/R-02994/R-02994*

Disposition

Disposition Date: 04/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Arkansas Certification	Approved-Closed	Yes
Form	Adverse Benefit Determination Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: R-02994

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/10/2012	R-02994	Policy/Cont Adverse Benefit ract/Fratern Determination al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	R-02994.pdf



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

ADVERSE BENEFIT DETERMINATION BENEFIT RIDER

By attachment of this Rider, the {Policy}{Contract} is amended by the following:

DEFINITIONS

Independent Review Organization or **IRO** means organization that is accredited by Utilization Review Accreditation Commission (URAC) or by similar nationally-recognized accrediting organization to conduct the external review pursuant to the procedures established by the Plan as required by the federal Patient Protection and Affordable Care Act (PPACA).

Adverse Benefit Determination or **ABD** means a determination by the Plan, its Administrator, or its designated utilization review organization that an admission, availability of care, continued stay or other health care service that is a covered benefit has been reviewed and, based upon the information provided, does not meet the Plan's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness, and the requested service or payment for the service is therefore denied, reduced or terminated.

BENEFIT

If a claim under the Plan receives an ABD prior to the end of the {Benefit Period's} {Contract Basis}' "Paid Through" date as shown in the Schedule and a request for an external review by an IRO is made, the Plan must notify the Company in writing within 30 days of the Plan's receipt of the request for an external review {and prior to the end of the "Paid Through" as shown in the Schedule} {and prior to {3 – 24} months after the end of the "Paid Through" date as shown in the Schedule}. The written notification must include the details of the ABD that is expected to exceed the Specific Deductible including but not limited to: Covered Person, amount of claim, incurred expenses, date of incurred expenses and diagnosis codes.

If the IRO reverses or modifies the ABD, the {Benefit Period's} {Contract Basis}' "Paid Through" date as shown in the Schedule will be extended for 30 days from the date of the decision by the IRO for such claim. To be eligible for benefits under the {Policy}{Contract}, the eligible claim must be Paid within this 30-day period.

Expenses paid by the Plan for the request for: 1) IRO or the review procedures required by PPACA; or 2) for previous or replacement coverage of the {Policy}{Contract} as a result of a decision to reverse or modify the ABD by an IRO, will not be considered eligible expenses under the {Policy}{Contract}. These claims will not be eligible for any simultaneous reimbursement option that may be available.

This Rider takes effect on {the effective date of the {Policy}{Contract} to which it is attached} {Month Day, Year}. This Rider terminates concurrently with the {Policy}{Contract} to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the {Policy}{Contract} except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY

President

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	04/10/2012
Comments: N/A, filing includes Rider only.		

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/10/2012
Comments: Please see attached.		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Arkansas Certification	Approved-Closed	04/10/2012
Comments:		
Attachment: R-02994 - Arkansas Certification 04-09-12.pdf		

FIDELITY SECURITY LIFE INSURANCE COMPANY

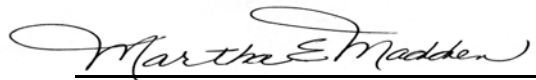
Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) _____* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

* R-02994

50




Martha E. Madden
Vice President and General Counsel

February 24, 2012

Date

FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri

Arkansas Certification

Certification	
I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with Regulation 19 s 10 B. and all applicable requirements for the state of Arkansas.	
Print Name: Geri Davies	Title: Manager, Contracts & Legal
Signature: 	Date: April 9, 2012

4/9/12
25